

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	
Title::	AUTOMATED BANKING MACHINE COMPONENT AUTHENTICATION SYSTEM AND METHOD
Attorney Docket Number::	D-1170 R
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	5
Total Drawing Sheets::	8
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Donald
Middle Name::	
Family Name::	Parsons
Name Suffix::	
City of Residence::	Akron
State or Prov. Of Residence::	OH
Country of Residence::	US
Street of mailing address::	2464 Greenhaven Dr.
City of mailing address::	Akron
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44333

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Judith
Middle Name::	
Family Name::	Edwards
Name Suffix::	
City of Residence::	Canton
State or Prov. Of Residence::	OH
Country of Residence::	US
Street of mailing address::	5885 Indian Creek Circle
City of mailing address::	Canton
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44718

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name::  
Family Name:: McCoy  
Name Suffix::  
City of Residence:: Uniontown  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 10626 Charney Ave. NW  
City of mailing address:: Uniontown  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44685

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name::  
Family Name:: Block  
Name Suffix::  
City of Residence:: N. Lawrence  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 5871 Alabama Ave. NW  
City of mailing address:: N. Lawrence  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44666

**Correspondenc Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/436,883	12/26/2002
This Application	An application claiming the benefit under 35 USC 119(e)	60/396,608	07/16/2002

**Assignee Information**

Assignee Name:: Diebold Self Service Systems  
division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH